

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506819

APPLICANT(S)

FILING DATE

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		2		/			54						
5		0		/			55						
6		2		/			56						
7		2		/			57						
8		0		/			58						
9		0		/			59						
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49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	14	←	10	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	15		11				TOTAL CLAIMS						